

packages of dressings upon the requisition of the Minister of War. The admirable feature of Red Cross work in Japan, it is well to point out, was, that volunteers were employed in every service where they could be useful, but that *only trained nurses* were assigned to nursing. There was none of the amateur, sentimental exploiting of sick and wounded men by volunteers longing for sensations and glory, that was seen in the South African War.

The little sketch alluded to mentions, with words of affection and respect, the long service given by Mrs. Richardson, an English lady who spent more than a year under the Japanese Red Cross, and also specifies the different services of the American nurses, of a small group of Germans, and of a French lady.

The Japanese Red Cross numbers about one million two hundred and forty-five thousand members. The Association of Japanese Ladies has forty-one local committees, with over ten thousand members.

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THE PRESENT CONDITION OF INSTRUCTION FOR NURSES IN HOLLAND *

By MISS VAN LANSCHOT-HUBRECHT
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I HAVE been asked to report upon the system of practical training given to nurses in Holland and I will begin by a general outline of our nurses' instruction and the conditions under which they work. Municipal and university hospitals, having a minimum of forty beds, were once regarded as the only schools for nurses, but exceptions to this rule are now common.

In general, pupils are not admitted before the age of twenty years; an effort is made to screen applicants who have had a high school education, yet young women are frequently admitted who have only passed through the primary grades. This inconsistency results from the necessity of staffing the wards. Young women of good social standing hesitate to enter a profession so difficult and requiring the most perfect health, and the directors of hospitals are compelled to have recourse to women less well educated.

The hours of duty are, as a rule, from eleven to thirteen, though in some hospitals only ten. Domestic labor, a large part of which ought to be performed by maids, takes up too much of the day. It would be far

* Read at the International Conference on Nursing, Paris, June, 1907.

better if hours now spent in cleaning and scouring were devoted to the patients and to making them forget their weariness and suffering.

The pupils are paid a small allowance. After three years' study, there is an examination for the diploma and badge. This examination does not last over an hour. The pupils are examined by those physicians who have given the courses of lectures, and though the *Directrice* (superintendent of nurses) is sometimes present, she takes no active part, not even putting any questions as to the *practical* knowledge of the pupil, which nevertheless belongs entirely to her domain. Armed with her diploma, the young nurse may then undertake private duty or seek a position as head nurse or even as *Directrice*; no special training for these different functions is to be had, though they require very different and special knowledge. For obstetrics and the care of the insane special courses and separate examinations have been established.

Before obtaining the diploma it is supposed that the pupil shall have passed through all the divisions of the hospital, but this requirement is often disregarded, and many women who leave the hospital have actually only worked in one or two divisions. They thus have only theoretical knowledge in certain lines of their work. This is especially true of operating-room service, to which but few pupils are admitted. The instruction comprises a set of lectures given by physicians, one hour weekly, and the ward work. The lectures are given on anatomy, physiology, therapeutics, pathology, and hygiene. As to the ward work, no instruction is given. As a rule, the pupils must depend upon the goodwill of the certificated nurses, or upon their own capacity for picking up knowledge. Assuredly, among the nurses there are some who regard teaching their juniors as a duty to be conscientiously filled, but they are by no means the rule, and not every probationer is fortunate enough to work under such advantages. Moreover, the number of certificated nurses is insufficient, and they have no time to teach thoroughly. For these reasons I find it necessary to admit that, with some exceptions, the education of our nurses is very inadequate (*tout empirique*).

As our hospitals are very well organized and administered, the pupil nurses acquire in their three years' course excellent ideas of cleanliness, discipline, and system, all very important in the training of a nurse. They also necessarily become well experienced in many duties for the sick, but they are not taught to understand what they do or to report what they observe. The more intelligent ones find ways of perfecting their professional education, by study outside of class, and by asking questions of head nurses and physicians. The greater number, however, leaving the hospital, have learned mechanically what to do in such and

such cases, but do not know how to take charge of patients intelligently and with understanding. Upon her arrival, the probationer is put into the wards. No preparatory course awaits her; her work is assigned to her, and she is left to get through it as best she may. Though every division has its head-nurse, and every ward its staff nurse (senior) all are too busy to have much time to devote to explaining and demonstrating patiently the duties of the probationer. Though she receives, *en passant*, orders, directions, and instructions, she must interpret them for herself. The result is that she often seems more maladroit than she really is. The probationer is not considered as a *student* who is to be taught, who must be initiated into the art of nursing, who must have the different phases of illness pointed out to her, who must learn to understand all that she sees and hears and does for her patient. On the contrary, from the first the probationer forms a part of the working staff, and has her share of responsibility, inconsiderable, at first, it is true, but far too rapidly increased. None of us can forget those first months in hospital; we went through too much anxiety, we made too many unconscious mistakes, we had too little encouragement—chiefs and head nurses regarding us as troublesome—not to wish earnestly that a radical change might be made in the methods of teaching probationers, and we are making every effort to bring such a change about. After the training of three years the pupil passes her examination, which is entirely theoretical. Sometimes, not often, she is told to do some slight dressing, or to explain the use of this or that instrument, but the practical side of her examination goes no further. Afterwards she receives a diploma, which certifies her capable of nursing all cases and affirms her competency as a good nurse. She is now launched. But, when she seeks a position as head nurse, she may meet a strange rebuff. The same authorities who graduated her may now answer inquiries about her by statements quite at variance with the text of her certificate, and she may learn that she has not the knowledge necessary for the work which she solicits.

The explanation of this riddle is simple. The hospitals are still where they were twenty-five years ago, in spite of their pretensions to be schools of nursing. Their probationers only learn how to do the hospital work, they are not taught the full extent of their calling. These diplomas, which should be testimonials of capacity, are distributed with incredible carelessness. Every hospital may arrogate to itself the right to give diplomas and badges. Our country is very small, but the number of badges given is large. Women, badly or not at all trained, take advantage of this confusion. They buy badges, and call themselves nurses. The only way to remedy this deplorable state of things will be by state

regulation of education and examination. In this connection I must speak of a deplorably reactionary measure which was passed some months ago by an association which assumes to be in the interests of the sick and of nurses. This body, called *De Nederlandsche Bond voor Ziekenverpleging*—with the intention of uniformizing the teaching in the different hospitals, and of instituting only one diploma, endorsed by the association, has decided that, to be admitted to its central examination it shall no longer be necessary to spend three years in a general hospital of not less than forty beds, but that a committee named by the “Bond” shall be competent to decide whether such and such a special hospital, or such and such a small one, shall be regarded as a training school, according to the whole number of days spent by patients in the little place, and the variety of diseases admitted. Thus with one stroke the whole indispensable minimum of three years in a general hospital—a principle accepted in every country where nursing is cultivated as an art—is swept away and annihilated.

The reason of this deplorable decision is not far to seek. It is simply that one must defer to the managers of these small hospitals, who by this arrangement are able to secure the necessary personnel most cheaply. Last year the children’s hospitals were promoted to be the equals of the general hospitals. This year, a little place of twenty beds is made a training school. Even granting that the instruction in these small hospitals may have attained a rare degree of perfection, it is easy to understand that the pupils who leave these so-called schools for private duty encounter almost insurmountable difficulties. Too soon they realize the deficiencies in their training. For the conscientious ones, the whole work is to be done over. For the others, it is hit or miss, to the great injury of the patients and of the profession of nursing. Our association (that of the graduate nurses) has sought every means of correcting these anomalies. We first instituted an examination for entrance into our association, requiring a general hospital training in an institution of not less than forty beds. Next, we gave tests of practical proficiency a prominent place in this examination. Finally, we are working for state control of nursing education. We are supported by many physicians, who, not being hospital directors, wish to have good and well-taught nurses to care for their patients.

You will ask me why our association has added to the number of existing examinations in establishing its own? We have done so because when the state finally undertakes regulation, and forms a commission to deal with the question we, as an examining body, cannot be ignored,

and we will have the opportunity of making ourselves heard through well-instructed delegates.

I have spoken of our lack of systematic instruction. Whose fault is this? Primarily it is that of the Directresses, and next that of the nurses themselves, who, indifferent and apathetic, lacking in social sentiment and in solidarity, submit to this state of things without seeking to remedy it by availing themselves of the loyal support of our association.

But the fault lies also with those who appoint the Directresses. It is true that certificated nurses are chosen by preference, but few seem to realize that their duty toward their pupils is to concern themselves actively with their education. It is their responsibility to see that the women who leave the hospitals are really capable of fulfilling the functions of their office,—functions which require a preparation very different from that of twenty-five years ago! The science of nursing follows medical science step by step. Those who undertake it have a right to demand a thorough education, not an empiric one, but practical, whose principles shall be systematically taught by certificated nurses, who have the gift of teaching, who are specialized for their work and who devote their time to it. Our Holland Directresses have an association like the American Superintendents of Nurses and the English Matrons, but it is not an active association, nor does it share in the interest of burning questions among physicians and nurses. Its members do not seem to realize that it is their part to put themselves at the head of the reform movement and by their words and acts point out the way to elevate and advance their profession.

The purpose toward which all the efforts of our association are bent is, primarily, a law regulating the education and examination of nurses, and a plan of instruction which shall be obligatory for all schools. This instruction shall comprise preparatory courses, where the pupil will be taught the science of nutrition, food values, and cooking; the manual procedures that every nurse should know thoroughly, but which are not taught systematically in the hospitals; the principles of sterilization; the construction and usage of articles employed in caring for the sick; methods of moving and lifting patients, making beds, etc., etc.

Last year our association instituted a course of preparatory teaching on these subjects, which *THE AMERICAN JOURNAL OF NURSING* characterized as "a most splendid thing," but to our great disappointment we find this course is not yet appreciated as it should be. We explain this in that our nurses are so accustomed to the idea of having a free training

or even one with an allowance, that they are not willing to spend forty dollars a year for a preparatory course which is not required by hospital managers.

We wish, further, that this instruction shall comprise special courses for those who nurse the poor in their own homes. It is absolutely necessary that such nurses should have some knowledge of sociology and should make an extended study of hygiene, for besides nursing they must be health missionaries and sympathetic in all the family relations.

Finally, we ardently desire to establish special teaching for those who intend to fill the difficult and complex position of head nurse and directress. We have much to do before we can reach our ideal, but the examples of work and solidarity that the associations affiliated with the International Council give us, encourage us to persevere and to follow bravely along the road which leads to success.

THE HOSPITAL ECONOMICS COURSE.

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IT has been interesting to note the result of opening the special course of lectures on Hospital Economics to other nurses than the regular students in that department. Nine outside students have registered for the entire course, and about an equal number are registering for one or more of the separate courses, while somewhere near fifty letters and inquiries on the subject have been received during the month. From their tenor, and from conversations with persons interested, it seems that the ground covered by these lectures is apparently ground with which a good many nurses filling hospital positions feel they should be familiar. But most of them say frankly that the difficulties are almost insurmountable in the way of pursuing regularly any course of study which requires attendance on even one lecture per week.

Inasmuch as the women holding the positions of assistants and head nurses in hospitals are usually preparing themselves in that way for further administrative work, it does seem desirable that they should not entirely drop their studies, but rather that they should continue, and be encouraged to continue them, in some form. One might even go to the length of saying that useful courses of classes or lectures might perhaps be specially arranged for them.

The question was asked not very long ago, how the women who had taken the course here were succeeding, and what kind of impression